



## APPLICATION FOR INTERNSHIP

HARFORD COUNTY GOVERNMENT  
DEPARTMENT OF HUMAN RESOURCES  
220 SOUTH MAIN STREET  
BEL AIR, MARYLAND 21014

[www.harfordcountymd.gov](http://www.harfordcountymd.gov) ~ OFFICE: 410-638-3201 ~ FAX: 410-879-3564  
(THIS APPLICATION MUST BE TYPED OR PRINTED IN INK - ATTACH ADDITIONAL SHEETS IF NECESSARY)

VACANCY NO: \_\_\_\_\_ TITLE: \_\_\_\_\_ CLOSING DATE: \_\_\_\_\_  
NAME: \_\_\_\_\_ SOCIAL SEC. #: \_\_\_\_\_  
PRESENT ADDRESS: \_\_\_\_\_  
TELEPHONE NO: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
DRIVER'S LIC. NO: \_\_\_\_\_ STATE: \_\_\_\_\_ CLASS: \_\_\_\_\_ EXPIRES: \_\_\_\_\_  
IS THIS A CDL DRIVER'S LICENSE?: YES \_\_\_\_\_ NO \_\_\_\_\_  
IF YES, PLEASE LIST ALL ENDORSEMENTS: \_\_\_\_\_  
PLEASE LIST ANY LEARNER'S PERMITS THAT YOU POSSESS: \_\_\_\_\_  
IS YOUR DRIVER'S LICENSE SUSPENDED?: YES \_\_\_\_\_ NO \_\_\_\_\_  
HAVE YOU EVER BEEN CONVICTED OF A FELONY?: YES \_\_\_\_\_ NO \_\_\_\_\_  
IF YES, PLEASE GIVE NATURE OF CRIME(S), YEAR(S) OF CONVICTIONS: \_\_\_\_\_

EDUCATION: ARE YOU A HIGH SCHOOL GRADUATE? YES \_\_\_\_\_ NO \_\_\_\_\_

NAME OF HIGH SCHOOL: \_\_\_\_\_

HIGH SCHOOL EQUIV. CERT. OR GED# OR STATE WHICH GRANTED CERTIFICATE: \_\_\_\_\_

LIST ANY PROFESSIONAL/TECHNICAL LICENSES, THE AUTHORIZING STATE AND DATE OF EXPIRATION: \_\_\_\_\_

### LIST COLLEGE, TECHNICAL SCHOOL, OR OTHER ADVANCED TRAINING

NAME	FROM (MO/YR)	TO (MO/YR)	DEGREE (BA, BS, MA & MAJOR)

MILITARY SERVICE: BRANCH \_\_\_\_\_ TYPE OF DISCHARGE: \_\_\_\_\_

YRS SERVED: FROM \_\_\_\_\_ TO: \_\_\_\_\_ RANK AT DISCHARGE: \_\_\_\_\_

PRIMARY & SECONDARY MOS: \_\_\_\_\_ ARE YOU CLAIMING VETERANS PREFERENCE?: YES \_\_\_\_\_ NO \_\_\_\_\_

**IF YES, YOU MUST ATTACH A COPY OF ONE OF THE FOLLOWING YOUR CERTIFICATE OF HONORABLE DISCHARGE, CERTIFICATE OF SATISFACTORY COMPLETION OF MILITARY SERVICE OR VA CERTIFICATE TO THE APPLICATION AT THE TIME OF SUBMITTAL.**

DEPT WHERE INTERNSHIP WILL OCCUR: \_\_\_\_\_

## EMPLOYMENT HISTORY

INSTRUCTIONS: PLEASE READ THESE INSTRUCTIONS CAREFULLY, IN ORDER TO BE CONSIDERED FOR INTERNSHIP, ALL INFORMATION MUST BE COMPLETED ACCURATELY. IF YOU HAVE QUESTIONS, PLEASE CALL THE DEPARTMENT OF HUMAN RESOURCES FOR HELP.

1. LIST YOUR PRESENT AND PAST EMPLOYERS, STARTING WITH THE **CURRENT** EMPLOYER FIRST.
2. **IF YOU ARE A CURRENT COUNTY EMPLOYEE, PLEASE INDICATE THAT THE COUNTY IS YOUR CURRENT EMPLOYER AND PROVIDE THE DETAILS OF YOUR JOB AS ASKED.**
3. PROVIDE THE NAME(S) OF YOUR IMMEDIATE SUPERVISOR(S) IN YOUR PAST AND CURRENT POSITIONS.
4. LIST THE NAME, ADDRESS, AND PHONE NUMBER OF ALL YOUR PAST AND CURRENT EMPLOYERS (USE ADDITIONAL PAPER IF NECESSARY).
5. LIST ACCURATE MONTHS/DATES OF EMPLOYMENT FOR EACH PAST AND CURRENT EMPLOYER.
6. ATTACH ADDITIONAL SHEETS IF NECESSARY.

EMPLOYER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
NAME & TITLE OF SUPERVISOR: \_\_\_\_\_

SALARY: \_\_\_\_\_ EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
MONTH/YR MONTH/YR

JOB TITLE & DUTIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

MAY WE CONTACT THIS EMPLOYER FOR REFERENCES?: YES \_\_\_\_\_ NO \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
NAME & TITLE OF SUPERVISOR: \_\_\_\_\_

SALARY: \_\_\_\_\_ EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
MONTH/YR MONTH/YR

JOB TITLE & DUTIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

MAY WE CONTACT THIS EMPLOYER FOR REFERENCES?: YES \_\_\_\_\_ NO \_\_\_\_\_

LIST BELOW ANY ADDITIONAL INFORMATION YOU CONSIDER PERTINENT TO YOUR APPLICATION FOR EMPLOYMENT INCLUDING SPECIAL SKILLS SUCH AS OPERATION OF OFFICE EQUIPMENT, VEHICULAR EQUIPMENT, COMPUTERS, ETC.

PLEASE INDICATE THE SOURCE FROM WHICH YOU LEARNED OF THIS INTERNSHIP:

☐ NEWSPAPER (NAME) \_\_\_\_\_ ☐ COUNTY EMPLOYEE \_\_\_\_\_  
☐ BULLETIN BOARD (POSTED WHERE) \_\_\_\_\_ ☐ OTHER (SPECIFY) \_\_\_\_\_

DO YOU HAVE ANY RELATIVES EMPLOYED WITH HARFORD COUNTY GOVERNMENT?: YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, STATE NAME, RELATIONSHIP AND EMPLOYEES WORK LOCATION: \_\_\_\_\_

## APPLICATION INFORMATION

**THE FOLLOWING INFORMATION IS VOLUNTARY:**

*THE INFORMATION BELOW IS REQUESTED TO MEET THE REQUIREMENTS OF CERTAIN FEDERAL AGENCIES AND WILL BE SEEN AND TABULATED BY THE DEPARTMENT OF HUMAN RESOURCES ONLY. IT IS CONFIDENTIAL INFORMATION AND WILL NOT BE USED IN ANY EMPLOYMENT DECISION.*

POSITION APPLIED FOR: \_\_\_\_\_  
(JOB TITLE AS LISTED ON FRONT OF APPLICATION)

SEX: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

RACE/ETHNIC INFORMATION: CHECK ONE ONLY

\_\_\_\_\_ **WHITE** – NOT OF HISPANIC ORIGIN – A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF EUROPE, NORTH AFRICA OR THE MIDDLE EAST.

\_\_\_\_\_ **BLACK** – NOT OF HISPANIC ORIGIN – A PERSON HAVING ORIGINS IN ANY OF THE BLACK RACIAL GROUPS OF AFRICA.

\_\_\_\_\_ **HISPANIC** – A PERSON OF PUERTO RICO, MEXICAN, CUBAN, CENTRAL OR SOUTH AMERICAN OR OTHER SPANISH CULTURE OR ORIGIN, REGARDLESS OF RACE.

\_\_\_\_\_ **ASIAN OR PACIFIC ISLANDER** – A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF THE FAR EAST, SOUTHEAST ASIA, THE INDIAN SUBCONTINENT, OR THE PACIFIC ISLANDS. EXAMPLES: CHINA, JAPAN, KOREA, THE PHILLIPPINES, SAMOA.

\_\_\_\_\_ **AMERICAN INDIAN OR ALASKAN NATIVE** – A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF NORTH AMERICA AND WHO MAINTAINS TRIBAL AFFILIATION OR COMMUNITY RECOGNITION.

***PLEASE BE SURE ALL PAGES HAVE BEEN COMPLETED***

**DISCLAIMER:**

By completing and submitting this application, I hereby acknowledge the following -

- UPON SELECTION FOR INTERNSHIP, I MUST PERFORM ESSENTIAL JOB FUNCTIONS WITH OR WITHOUT REASONABLE ACCOMODATION.
- HARFORD COUNTY IS AN EQUAL OPPORTUNITY AFFIRMATIVE ACTION EMPLOYER.
- IF MAILING APPLICATION WITH RESUME, IT IS MY RESPONSIBILITY TO AFFIX ADEQUATE POSTAGE TO ENSURE DELIVERY. I AM FURTHER ADVISED THAT TO BE CONSIDERED FOR THE INTERNSHIP I AM APPLYING FOR MY APPLICATION AND ANY ACCOMPANYING DOCUMENTATION MUST BE RECEIVED BY THE CLOSING DATE. APPLICATIONS AND ACCOMPANYING DOCUMENTATION RECEIVED AFTER THE CLOSING DATE WILL NOT BE ACCEPTED.

PRINTED/TYPED FULL NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

PRINTED/TYPED FULL NAME USED AT PRIOR EMPLOYMENT: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

LIST A TELEPHONE NUMBER WHERE YOU CAN BE REACHED TO SCHEDULE AND INTERVIEW AND WHAT HOURS ARE BEST TO CALL THIS NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**HARFORD COUNTY GOVERNMENT IS A DRUG FREE WORKPLACE/SMOKE FREE ENVIRONMENT**

**HARFORD COUNTY  
MARYLAND'S NEW CENTER FOR OPPORTUNITY**

